

**Application Data Sheet**

10/593372  
IAP9/Rec'd PCT/PTO 19 SEP 2006

**Application Information**

**Application number::** PCT/IB2005/002063  
**Filing Date::** 3/18/2005  
**Application Type::** National Stage  
**Subject Matter::** Utility  
**Suggested classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::** None  
**Computer Readable Form (CRF)?::** No  
**Title::** PROGNOSTIC METHODS FOR  
CONGESTIVE HEART FAILURE  
**Attorney Docket Number::** 034827-9207  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::**  
**Total Drawing Sheets::**  
**Small Entity?::** Yes  
**Petition included?::** No  
**Secrecy Order in Parent Appl.?::** No

**Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Belgian  
**Status::** Full Capacity  
**Given Name::** Jean-Marie  
**Family Name::** Ketelslegers  
**City of Residence::** Brussels  
**Country of Residence::** Belgium

**Street of mailing address::** Avenue Hippocrate 10/1756-1200

Brussels

Belgium 1200

**Country of mailing address::** Belgium

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** Belgian

**Status::** Full Capacity

**Given Name::** Michel

**Family Name::** Rousseau

**City of Residence::** Brussels

**Country of Residence::** Belgium

**Street of mailing address::** Avenue Hippocrate 10/1756-1200

Brussels

Belgium 1200

**Country of mailing address::** Belgium

#### **Correspondence Information**

**Correspondence Customer Number::** 30542

**E-Mail address::** PTOMailSanDiegoNorth@foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	30542	
---------------------------------------------	-------	--

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IB2005/002063	3/18/2005
PCT/IB2005/002063	An application claiming the benefit under 35 U.S.C. 119(3)	60/554,859	3/19/2004

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee Name::** UNIVERSITY CATHOLIQUE de LOUVAIN